Instructions					
Invoice Number	This is the number assigned by the Contractor for the invoice.				
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.				
Contractor	This box is to be checked if payment is to be made to the Contractor				
Owner or Operator/ Responsible Party	This box is to be checked if payment is to be made to the owner/operator of the underground storage tanks or their authorized agent.				
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.				
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less.				
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to a Contractor or Well Driller.				
Base Price + amount from the Assessment Component Invoice	The base price is the standardized amount allowed for the Initial Ground-Water Assessment. Please attach the Assessment Component Invoice for any footage over 25 feet and sampling of any potential receptor (e.g. potable/irrigation wells, streams.)				
Total Amount Requested	= base amount \$ + \$ Component Invoice amount				

DHEC PROMOTE PROTECT PROSPER

ASSESSMENT COMPONENT INVOICE SOUTH CAROLINA

Department of Health and Environmental Control
Underground Storage Tank Program
State Underground Petroleum Environmental Response Bank Account

South Carolina Department of Health and Environmental Control

Facility Name

TEM	Facility Name	0 : 1	A				
1.Plan* A. Plan Preparation B. Tax Maps S. X \$50.00 \$ 2.Receptor Survey* X \$500.00 \$ 3. Comprehensive Survey X \$1,000.00 \$ 4. Mob/Demob (List Component #) A. Equipment X \$500.00 \$ 8. Personnel X \$250.00 \$ 8. Soil Borings (drilled) and Field Screening* A. Gouldes collection and quantification) and Field Screening* A. Back Mandomment* A. Water Table (drilled) B. Water Table (drilled) C. Telescoping A. Water Table (drilled) B. Water Table (drilled) C. Telescoping A. Ground-water A. Ground-water B. Air/Vapor B. Rush BTEX analysis C. BTEX+napth.+MTBE Samples X \$100.00 \$ SEA Analytical Methodology for analyses) A. BTEX+napth.+MTBE Samples X \$100.00 \$ SEA Analytical Methodology for analyses) C. BELead Samples X \$100.00 \$ SEA Analytical Methodology for analyses) C. BEA Analytic	UST Permit # Cost Agreement #						
A. Plan Preparation x \$100.00 \$ B. Tax Maps x \$50.00 \$ 2. Receptor Survey * x \$500.00 \$ 3. Comprehensive Survey x \$1,000.00 \$ 4. Mob/Demoto (List Component #) x \$500.00 \$ A. Equipment x \$500.00 \$ B. Personnel x \$250.00 \$ S. Soil Borings (drilled) (includes collection and quantification) and Field Screening* feet x \$14.00 \$ 6. Soil Borings (drilled) x \$200.00 \$ \$ \$ \$ 6. Soil Borings (drilled) x \$200.00 \$		QUANTITY	UNIT	UNIT PRICE	TOTAL		
B. Tax Maps	1.Plan*						
2.Receptor Survey * X \$500.00 \$ 3. Comprehensive Survey X \$1,000.00 \$ 4. Mob/Demob (List Component #) X \$500.00 \$ A. Equipment X \$500.00 \$ B. Personnel X \$250.00 \$ S. Soil Borings (drilled) feet X \$14.00 \$ 6. Soil Borings (drilled) (includes collection and quantification) \$ and Field Screening* feet X \$17.00 \$ 7. Soil Leachability Model X \$200.00 \$ 8. Abandonment* feet X \$4.00 \$ 9. Well Installation* feet X \$4.00 \$ A. Water Table (hand auger) feet X \$38.00 \$ C. Telescoping feet X \$38.00 \$ D. Rock Drilling feet X \$58.00 \$ 10. Sample Collection* A. Brizylapor samples X \$55.00 \$ 11. Analyses-Groundwater Samples X \$100.00 \$ A.	•		Х				
3. Comprehensive Survey			Х	\$50.00			
4. Mob/Demob (List Component #) x \$500.00 \$ B. Personnel x \$250.00 \$ 5. Soil Borings (hand auger)* feet x \$14.00 \$ 6. Soil Borings (drilled) (includes collection and quantification) and Field Screening* feet x \$17.00 \$ 7. Soil Leachability Model x \$200.00 \$ \$ 8. Abandonment* feet x \$4.00 \$ 9. Well Installation* (includes drilling costs) \$ A. Water Table (drilled) feet x \$38.00 \$ C. Telescoping feet x \$38.00 \$ D. Rock Drilling feet x \$58.00 \$ 10. Sample Collection* A. Ground-water samples x \$90.00 \$ B. Air/Vapor samples x \$90.00 \$ 11. Analyses-Groundwater (See Analytical Methodology for analyses) \$ A. BTEX+Napth.+MTBE samples x \$100.00 \$ B. Rush BTEX analysis samples x \$120.00 \$ <	2.Receptor Survey *		Х	\$500.00			
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9. Well Installation* (includes drilling costs) A. Water Table (hand auger) feet x \$20.00 \$ B. Water Table (drilled) feet x \$38.00 \$ C. Telescoping feet x \$58.00 \$ D. Rock Drilling feet x \$58.00 \$ 10. Sample Collection* samples x \$55.00 \$ A. Ground-water samples x \$90.00 \$ B. Air/Vapor samples x \$90.00 \$ 11. Analyses-Groundwater (See Analytical Methodology for analyses) A. BTEX+Napth.+MTBE samples x \$100.00 \$ B. Rush BTEX analysis samples x \$120.00 \$ C. BTEX+napth.+MTBE Trimethylbenzene samples x \$120.00 \$ D. PAH's samples x \$20.00 \$ E. Lead samples x \$20.00 \$ F. EDB samples x \$55.00 \$ G. 8 RCRA Metals samples x \$55.00 \$ H.TPH (9070) samples x \$10.00 \$ I. pH samples x \$40.00 \$ J. BOD samples x \$20.00 \$ K. Nitrate samples x \$20.00 \$ L. Sulfate samples x \$20.00 \$ M. Ferrous Iron samples x \$110.00 \$ N. Methane samples x \$100.00 \$ </td <td>7. Soil Leachability Model</td> <td></td> <td>Х</td> <td>\$200.00</td> <td>\$</td>	7. Soil Leachability Model		Х	\$200.00	\$		
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B. Water Table (drilled) feet x \$38.00 \$ C. Telescoping feet x \$58.00 \$ D. Rock Drilling feet x \$58.00 \$ 10. Sample Collection* A.Ground-water A.Bread Samples x \$55.00 \$ B. Air/Vapor samples x \$90.00 \$ 11. Analyses-Groundwater A. BTEX+Napth.+MTBE samples x \$100.00 \$ A. BTEX+Napth.+MTBE samples x \$120.00 \$ B. Rush BTEX analysis samples x \$120.00 \$ C. BTEX+napth.+MTBE Trimethylbenzene samples x \$120.00 \$ D. PAH's samples x \$120.00 \$ E. Lead samples x \$20.00 \$ F. EDB samples x \$55.00 \$ G. 8 RCRA Metals samples x \$140.00 \$ H.TPH (9070) samples x \$20.00 \$ I. pH samples x \$20.00 \$ J. BOD samples x \$20.00 \$ K. N	9. Well Installation*	(includes dril	ling costs)				
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D. Rock Drilling feet x \$58.00 \$ 10. Sample Collection*	B. Water Table (drilled)		feet x	\$38.00	\$		
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M. Ferrous Iron samples x \$20.00 \$ N. Methane samples x \$110.00 \$ O. Organic Lead samples x \$100.00 \$							
N. Methane samples x \$110.00 \$ O. Organic Lead samples x \$100.00 \$							
O. Organic Lead samples x \$100.00 \$							
<u> </u>							
,	P. 8 Oxygenates		samples x	\$85.00	\$		

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11. Analyses-Soil					
Q. BTEX + Napth.		samples x	\$100.00	\$	
R. PAH's		samples x	\$120.00	\$	
S. 8 RCRA Metals		samples x	\$150.00	\$	
T. TPH (9071)		samples x	\$60.00	\$	
U. TPH (3550)		samples x	\$65.00	\$	
V. TPH (5035)		samples x	\$65.00	\$	
W. Grain size/hydrometer		samples x	\$75.00	\$	
X. Total Organic Carbon		samples x	\$35.00	\$	
12. Aquifer Characterization*					
A. Pumping Test		hours x	\$120.00	\$	
B. Slug Test		tests x	\$150.00	\$	
13. Free Product Recovery Rate Test*		tests x	\$120.00	\$	
14. Fate/Transport Modeling					
A. Mathematical Model		models x	\$300.00	\$	
B. Computer Model		models x	\$500.00		
15. Risk Evaluation					
A. Tier 1		Х	\$300.00	\$	
B. Tier II		Х	\$500.00	\$	
16. Subsequent Survey*		Х	\$260.00	\$	
17. Disposal					
A. Wastewater					
Purging/Sampling		drums x	\$90.00	\$	
Pumping Test		gallons x	\$0.60	\$	
B. Free Product		drums x	\$110.00	\$	
C. Soil (Treatment/Disposal)		tons x	\$50.00	\$	
18. Miscellaneous *					
		Х		\$	
		Х		\$	
		Х		\$	
19. Report/Project Management					
and Coordination	0.15	Х		\$ \$	
20. TOTAL	20. TOTAL				

^{*}The appropriate mobilization cost can be added to complete these tasks, as necessary



ASSESSMENT COMPONENT INVOICE

SOUTH CAROLINA

Department of Health and Environmental Control (DHEC)

Underground Storage Tank Program

ASSESSMENT COMPONENT INVOICE ****See Back of form for instruction **** UST PERMIT# COUNTY **FACILITY NAME** STREET ADDRESS **COST AGREEMENT # INVOICE #** For work performed during (specify time period) I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC DHEC demand letter, to promptly repay any overpayment received. **Please fill out **BOTH** the Contractor and Responsible Party Sections (original signatures). Also indicate the Payee by placing a check in the box next to the Contractor or Responsible Party.** Payee CONTRACTOR Name (Type or Print) Federal Tax ID or Social Security Number Company Telephone Number Address City State Zip Code Signature (please use non-black ink) Title Date Signed Payee OWNER OR OPERATOR/RESPONSIBLE PARTY Please attach copies of Cancelled Checks (front & back) Name (type or Print) Federal Tax ID or Social Security Number Company Telephone Number Address City State Zip Code Signature (please use non-black ink) Title Date Signed If payment is to be sent to an address other than above, please indicate below: Name of Individual or Company (please print) Federal Tax ID or Social Security Number Address (please print) City Zip Code State **INVOICE AMOUNT:** SCDHEC USE ONLY LESS SUBMITTED/PAID **WELL DRILLING COSTS: AMOUNT REQUESTED:** Amount Requested is for Assessment activities as Defined in the SCDHEC Letter.

INVOICE

INVOICE

INVOICE

INVOICE